BEST AVAILABLE CODY

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 29, 1999											12	, /	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
. FC	)R		NUMBE	R FILED		NUMBER I	EXTRA	Г	RATE	FEE	1	RATE	FEE
BASIC FEE								2400000		345.00	OR		690.00
TC	TAL CLAIMS		しい minus 20=			· 41			X\$ 9=		OR	X\$18=	2-34
IND	EPENDENT CL	AIMS	Le	, minus	3 =	: 3			X39=		OR	X78=	J-6-1
MU	ILTIPLE DEPEN	CLAIM PF	RESENT		+130=		OR	+260=					
* If	the difference	mn 1 is l	ess than ze	L	TOTAL		OR	TOTAL	ilda				
CLAIMS AS AMENDED - PART II									OTHER THAN				THAN
L,	Department of the Control of the Con		ımn 1)	NAMES OF THE PARTY		olumn 2)	(Column 3)	ı <u>-</u>	SMALL	ENTITY	OR	SMALL	ENTITY
<b>AMENDMENTA</b>	<b>A</b>	REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	69	Minus	**	61	= 18	ı	X\$ 9=	72-	OR	X\$18=	20
	Independent FIRST PRESE	*	7	Minus	***	<u> </u>	=		X39=	43-	OR	X78=	
	FIRST PRESE	INTATIC	AN OF IVIC	LIPLE DEF	CINE	DENT CLAIM			+130=		OR	+260=	· ·
•	•	•				•		L	TOTAL DDIT. FEE		oв '	TOTAL ADDIT. FEE	
			umn 1)			Column 2)	(Column 3)	. ^	DDII. FEE		Fil	ADDII. I EE	
AMENDMENT B		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	N OF M	Minus	***		<u> </u> =		X39=		OR	X78=	
Ė	FIRST PRESE	INTATIC	ON OF MOLTIFLE		DEPENDENT CLAIM				+130=		OR	+260=	
									TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	and the second s		ımn 1)	and managed and analysis		Column 2)	(Column 3)	1					
AMENDMENT C		-REM. AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent	•		Minus	***		=		X39=		OR	X78=	
Ľ	FIRST PRESE	NTATIC	N OF ML	ILTIPLE DEF	PEND	ENT CLAIM			•		Un		
	If the entry in colu	mn 1 ie l	ace than th	e entry in colu	me o	write "O" in col	iumn 3	L	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

## This Form is for INTERNAL PTO USE ONLY Tidgues NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: LOLE 1 LICE

## Total Fee Calculation

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FORM OIPE-RAM-01 (Rev. 12/97)